

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 325  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**New York Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick L. McCraw**

Mailing Address 10452 Emerson Street

City State Zip Code  
 Parkland FL 33076-4474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 New York Life Insurance Company

Occupation  
 Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2015

**Transaction ID : PR144112948**

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. John Allen**

Mailing Address 5804 Randolph Road

City State Zip Code  
 North Little Rock AR 72116-6329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 New York Life Insurance Company

Occupation  
 Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2015

**Transaction ID : PR145012948**

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Jerry D. Coats**

Mailing Address 165 Pebble Beach Drive

City State Zip Code  
 Little Rock AR 72212-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 New York Life Insurance Company

Occupation  
 Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2015

**Transaction ID : PR145612948**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

522.45